



NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-DWF-04-06
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	AAIS; AAIS-2005-39, State #AR-PC-05-015964
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Company Name		Company NAIC Number	
3.	A. Pharmacists Mutual Insurance Company	B.	13714

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. Dwelling Properties	B.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Properties	+3.2	+3.2	66.38	1.0	1.506	N/A	1.506
TOTAL OVERALL EFFECT	+3.2	+3.2					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2004	74			20	0	32.0	64.9
2003	84	+19.22	6/1/03	18	16	49.0	18.6
2002	95			15	0	12.7	46.4
2001	85			11	(3)	67.7	193.8
2000	73			10	50	308.4	139.2

7.

Expense Constants	Selected Provisions
A. Total Production Expense	20.42
B. General Expense	5.53
C. Taxes, License & Fees	2.67
D. Underwriting Profit & Contingencies	5.00
E. Other (explain)	0.00
F. TOTAL	33.62

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 10.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -2.6% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____